



EMPLOYER'S REPORT OF SEPARATION FROM EMPLOYMENT

State Form 51563 (R2 / 11-08)

PUBLIC EMPLOYEES' RETIREMENT FUND
143 West Market Street
Indianapolis, Indiana 46204-2899

* This agency is requesting disclosure of Social Security Numbers in accordance with Internal Revenue Code; disclosure is mandatory and this form will not be processed without it.

- INSTRUCTIONS:**
1. Upon completion, please send this report to PERF at the above address.
 2. You may also fax this page to PERF at (317) 234-5922. If you fax this page, PERF does not need a hard copy.

Name of employee (first, middle initial, last)	Social Security Number *
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1. LAST DAY IN PAY STATUS

Federal law prohibits the Public Employees' Retirement Fund (PERF) from making distributions from the Fund prior to "separation from employment." Uninterrupted service in any capacity or reemployment that is a continuation of employment will prevent PERF from making distributions to the employee from the Fund.

Last day in pay status is the last day for which this employee was entitled to receive his or her regular wages. It will typically not be the last check date. Regular wages paid may include pay for a day worked, a sick day, vacation day or another paid leave permitted under your personnel policy. The last day in pay status is needed to process this member's benefit.

Last day in pay status (month, day, year)	Date of last check, if known (month, day, year)	Did the employer-employee relationship extend beyond the last day in pay status? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.		

2. SCHOOL EMPLOYERS ONLY

Please indicate the type of school service being reported. Be sure to check the appropriate box below indicating whether the employee should receive full credit, contract credit or credit for time worked. Members who were hired after the beginning of the school year or terminated before the end of the school year cannot earn a full year of service unless they were under a specific contract that kept them from working the entire school term.

Type of credit (check one)
<input type="checkbox"/> School year credit (full year) <input type="checkbox"/> Contract year credit (full year) <input type="checkbox"/> Service credit for time worked (partial year)

3. AUTHORIZATION TO BE SIGNED BY AUTHORIZED AGENT

I certify that the above information is true and accurate to the best of my knowledge and that I am the individual formally authorized to accept any pension liability for and on behalf of the governing body of this employer. I understand that any error in this certification of service can only be corrected prior to the processing of the member's benefit application.

Signature of authorized agent		Date (month, day, year)
Printed name of authorized agent	Title of authorized agent	
Name of employer		Account number of employer